## TORT NOTICE OF CLAIM

41-4-16. Notice of Claims.

A. Every person who claims damages from the state or any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or to the administrative head of any other local public body for claims such local public body, within ninety days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice stating the time, place and circumstances of the loss or injury.

DATE OF INCIDENT: $\frac{4/24/13}{}$	
TIME OF INCIDENT: 8:30 - 9:00 am	
STATE AGENCY INVOLVED: Northern New Mexico College	
CLAIMANT'S NAME & ADDRESS: Morgan R. Cata	
P.O. Box 1351	
Ohkay Dwingeh, N.M 87566	
PHONE #: (505) 901 - 6228	
LOCATION OF ACCIDENT: Portables at N.N.M.C	
Please describe how the incident occurred and why you feel State Agency is at fault:	
I was told maintance was watering lawn so stairs	at portable were
icy, my instruter had called so they could sait them but	haven't ant there
eg stipped from top Stair down to landing while other foot sta What are you making claim for: Please check one but while Catching, my am I month preshant Bodily Injury Property Damage in abdoman and leg.	Glood murinht
ea strong from top stair down to landing while other foot st	aced on too fell on
What are you making claim for: Please check one bull while Catching, my	I self w/ right arm
1 am 7 month pregnant	and having pain
Bodily Injury Property Damage in abdoman and leg.	
Please describe injury or property damage:	
I months presnant, having stomach nown and pain	in right
1 months pregnant, having stomach pain and pain leg. Have been seen by Doctor on 4/25/13 and she	sending me
Or Altracounds	restrict
Jui unitasiumas.	
A A 1.	B E
Morgan D. Cata Signature of Claimant or lawful representative	PR R
Signature of Claimant or lawful representative	ر م 29
€ Mail claim to: Risk Management Division	ASUA
P.O. Box 6850	
Santa Fe, NM 87502	DIVISI TY BUR
Phone #: 827-0442	DIVISION TY BUREA
Fax #: 827-2969	<b>→</b> <del>→</del> <del>-</del>

I was walking out of portable and didn't
notice any ice, but I supped from the top of stairs
down to the bottom. My right leg went first, while
left might leg stayed on top stair, fell on my butt and caught
myself with my right arm. I am appox. I months pregnant
Going to see a doctor today 4/25/13 @ 2:30 pm, getting
pain throughout the right side of abdomin and leg.

Norgan X. Cata 4/25/13 P.O. Box 135/ Ohkay Dwingeh. N.M. 87566